

**Statement to Select Subcommittee on the Coronavirus Crisis
Member Briefing on
“The Devastating Impact of the Coronavirus Crisis in America’s Nursing Homes”**

Chris Brown, Certified Nursing Assistant and SEIU IIMK Member

Good morning to the members of this committee. Thank you for allowing me to share my story today. My name is Chris Brown. I am a nursing home worker from Chicago, Illinois. I’m also a proud member of the SEIU Illinois Indiana Michigan Kansas (IIMK) and I’ve worked in the healthcare industry for almost ten years.

The first person I cared for was my grandfather with cancer. It was an entire family effort — when someone had to work, I was there making sure he had his medicine and was well taken care of. I was happy to help keep him in his best possible spirits. This is what inspired me to work in nursing homes.

Although the work can be very rewarding, I along with my other nursing home workers face many challenges. And the truth is, these challenges existed before COVID-19.

One of those challenges are short-staffing. I work on a floor where most residents are bed-bound. They cannot speak. They cannot move. It takes a lot of physical labor to take care of these residents. We move them to make sure they don’t get bedsores, we change their linens and change their soiled garments. Short staffing means less help.

Now with COVID-19, short staffing also means we’re coming into contact with more residents. Even when our facility created a specific floor for residents who are infected with COVID-19, short staffing means nursing home workers are being spread thin. When workers come into contact with more residents, the risk of exposure to COVID-19 is heightened. We don’t know if new residents are tested when they arrive. If residents are only tested if they show symptoms, by then it may be too late.

If I become sick, how can I take care of somebody else? Who will take care of me? If I end up working sick, the virus could spread like wildfire. If I don’t come in, I risk not being able to pay my bills. I have to choose between keeping the lights on or protecting my health.

Being given low-grade PPE compounds these risks. I have more direct contact with residents than medical staff at the nursing home where I work, and I’m given a single-use mask. Some nursing home workers resort to saving their masks in paper bags as a way to ration them.

What is worse is we did not have policies in place to tell us whether we were working with a resident infected with COVID-19. In my facility, I had to wait 4 weeks between the first case of COVID-19 appearing and the time I knew. I never knew whether I came in contact with that patient. I was scared. I eventually had to move out of my house because I was afraid of getting my family sick. I haven’t seen them since.

It's difficult not to be able to see your family. I have 13 brothers and sisters and we all work to take care of our grandmother who has dementia. Every day my grandmother is losing a little bit of herself, and it's these last precious moments that I'm going to miss because of COVID-19.

But the time I'm not spending with my grandmother, I'm developing relationships with people in the facility. Unlike my grandmother, many of the residents don't have a family. Sometimes we end up becoming the only family they know. So I spend my time telling a good joke, putting a smile on residents' faces and keeping them company.

That's why we need to invest in nursing home workers and residents and address short staffing. It's both heavy emotional and physical labor, but it'd be easier to find people to do this work if they are paid what they're worth. If we value this work, our residents can live with dignity and comfort.

There have been efforts at my facility to bring in new people, but unfortunately, these new workers are too undertrained to provide the kind of help we desperately need. At most they can pass out trays, as they don't qualify to be in direct contact with residents. We need better training standards.

Together with my union family, we have been able to make some progress. Nursing home workers from across facilities lobbied in Springfield, Illinois, and shared our stories of being understaffed and working without benefits.

Just recently, we were able to win pay increases for nursing home workers in Chicago after 5,000 people threatened to go on strike, including a \$2/hr increase for hazard pay, and an additional 5 paid sick days, but it is still not enough. All the issues I mentioned are still here.

These issues aren't unique to my facility. Nursing home workers across the country say their residents are not adequately protected from COVID-19.¹ They're also calling for paid sick days, double-time hazard pay, and free testing for COVID-19.² With the pandemic disproportionately affecting communities of color³ and acknowledging the majority of nursing home workers employed in nursing homes are Black and/or people of color,⁴ nursing home workers are getting hit hard.

I continue to hope and pray for this to change for the better. Our families depend on it.

Thank you.

¹ SEIU COVID-19 survey of nursing home workers, May-June, 2020

² SEIU COVID-19 survey of nursing home workers, May-June, 2020

³ Godoy, Maria. "What Do Coronavirus Racial Disparities Look Like State By State?" May 30, 2020. <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>

⁴ PHI. U.S. "Nursing Assistants Employed in Nursing Homes: Key Facts." 2019. <https://phinational.org/wp-content/uploads/2019/08/US-Nursing-Assistants-2019-PHI.pdf>